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| Name of Person Filing SHAWN C. GRAVES | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

6. Name and address of Business (including trade name, if any).

Name **IBEW LOCAL UNION 1205**

Trade Name, if any: **ELECTRICAL CONSTRUCTION**

P.O. Box, Bldg., Room No., if any: _____

Street **2510 NW 6TH STREET**

City **GAINESVILLE**

State **FLORIDA** ZIP Code + 4 **32609**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GAINESVILLE ELECTRICAL JATC**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any **P.O. BOX 5428**

Street: _____

City: **GAINESVILLE**

State **FLORIDA** ZIP Code + 4 **32627**

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

**THE TRAINING OF ELECTRICAL APPRENTICES
AND MEMBERS OF THE IBEW**

11.b. Approximate dollar value of such dealing.

\$26402.44

12.a. Nature of interest held or income received.

**GAINESVILLE ELECTRICAL JATC
TRAINING DIRECTOR SALARY.**

12.b. Amount.

\$26402.44

**C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.**

**13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).**

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

14.b. Amount of payment.

